



Additional Rule Information

1. General Information

a. Agency/Board Name *See attached list for references*

Wyoming Department of Health, Rural and Frontier Health Division, Community Services Programs

b. Agency/Board Address

6101 Yellowstone Rd., Ste. 510

c. Agency/Board City

Cheyenne

d. Agency/Board Zip Code

82002

e. Name of Contact Person

Jim Rolf, Manager, Community Services Programs

f. Contact Telephone Number

307-777-8652

g. Contact Email Address

jim.rolf@health.wyo.gov

h. Program(s) *See attached list for references*

Wyoming End Stage Renal Disease Program

2. Rule Information, Cont.

a. Provide the Chapter Number and Short Title of Each Chapter being Created/Amended/Repealed

Chapter Number: 6	Short Title: ESRD Program Hearing Process
Chapter Number:	Short Title:
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